



Is the Student's Asthma Under Control?

A Tool for School Nurse Assessment

Assessment for: _____ Completed by: _____ Date: _____

(Student)

(School Nurse)

This tool assists the school nurse in assessing if students are achieving good control of their asthma. Its use is particularly indicated for students receiving intensive case management services at school.

With good asthma management, students should:

- Be free from asthma symptoms or have only minor symptoms:
 - no coughing or wheezing
 - no difficulty breathing or chest-tightness
 - no awakening at night due to asthma symptoms
- Be able to go to school every day, unhampered by asthma
- Be able to participate fully in regular school activities, including play, sports, and exercise
- Have no bothersome side effects from medications
- Have no emergency room or hospital visits
- Have no missed class time for asthma-related interventions or missed class time is minimized

Signs that a student's asthma is not well controlled:

Indicate by checking the appropriate box(es) below whether any of the signs or symptoms listed below have been observed or reported by parents or children within the past 6 months. If any boxes are marked, this suggests difficulty with following the treatment plan or need for a change in treatment or intervention (e.g., different or additional medications, better identification or avoidance of triggers).

- ☐ Asthma symptoms more than two days a week that require quick-relief medicine (short-acting beta₂-agonists, e.g., albuterol)
- ☐ Symptoms get worse even with quick-relief medications
- ☐ Waking up at night because of coughing or wheezing
- ☐ Frequent or irregular heartbeat, headache, upset stomach, irritability, feeling shaky or dizzy
- ☐ Missing school or classroom time because of asthma symptoms
- ☐ Having to stop and rest at PE, recess, or during activities at home because of symptoms
- ☐ Exacerbations requiring oral systemic corticosteroids more than once a year
- ☐ Symptoms require unscheduled visit to doctor, emergency room, or hospitalization
- ☐ 911 call required

If a student has even one of the issues described above, his or her asthma is not well controlled.

Use the following questions to ascertain areas where intervention may be needed to improve the student's asthma control.

Probes	Responsible Person/Site	Yes	No	N/A
Medications				
Has a quick-relief medication been prescribed?	Healthcare Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student using quick-relief medication as ordered... <ul style="list-style-type: none"> • Before exercise? • Immediately when symptoms occur? 	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is quick-relief medication available when the student is away from the school during school-sponsored activities like field trips or games?	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Probes	Responsible Person/Site	Yes	No	N/A
Does the student self-carry his/her medication?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If yes, is Form 3416F completed and on file at school? 	Parent/guardian, Healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If no, is there a completed form signed by the parent/guardian to authorize school staff to administer medication at school? 	Parent/guardian, Healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student store medication at school?	Parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If yes, is it located in a safe, secure and accessible location? 	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a daily controller medication* been prescribed?	Healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If yes, is controller medication* available to use as ordered? 	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Is the student taking the controller medication* as ordered? 	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Administration				
Does the student use correct technique when taking medication?	School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the person administering the medication use correct technique?	School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring and Self Management				
Does the student have a written asthma action plan?	Healthcare provider, School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If yes, is the plan on file at school? 	Parent/guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If no, has the student been referred to a healthcare provider to develop a written asthma action plan? 	Healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the student identify his/her early warning signs and symptoms that indicate the onset of an asthma episode and need for quick-relief medication?	School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the student identify his/her asthma signs and symptoms that indicate the need for help or medical attention?	School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trigger Awareness and Avoidance				
Have the student's asthma triggers been identified?	Healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the student name his/her asthma triggers?	School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can the parents/guardians list their child's asthma triggers?	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are teachers, including physical education teachers, aware of the student's asthma triggers?	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are asthma triggers removed or adequately managed?	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Controller medications include inhaled corticosteroids (ICS), leukotriene receptor antagonists (LTRA), or combination medicine (long-acting beta₂-agonists and ICS), cromolyn, or theophylline.

Recommendations for student and parent(s)/guardian(s): _____

This assessment tool is based on the "Is the Asthma Action Plan Working?" assessment tool developed by the National Asthma Education and Prevention Program. The original version is available at: http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_act_plan_frm.pdf.